MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEDTIFICATE OF DEATH

10041		OLKIIIIOAI	L OI DEATI			6117	100	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE	E (Where deceased li			e before ad	imission
	. MARY S	MARYLAND	a. STATE	YLAND	b. COUNTY	ST. M	Anula	
b. CITY OR TOWN	(if outside corporate limits, id give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF		lmits, write			
RURAL VA	LLEY LEE	22 YEARS	RURAL	VALLEY L	EE			
d. NAME OF HOSPI	TAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS			1	e. IS RESI	IDENC
			1				_	NO X
3. NAME DE	First	Middle	Last	4. DATE	Month	Day	- Labor	
(Type or print)		madio	_	DF DFATH		_		
	COLOR OR RACE 17 MADDIE	o EZ AUDIED MADDIED CIT	BARNES B. DATE OF BIRTH	Ut	CEMBER	UNDER 1 YEAR	196	
	/. INMINITE	W HEALT WHITELE		last b	irthday) Mc	onths Days	Hours	Min
MALE	WHITE WIDOWE		ULY 24,1903	62	yrs.			
during most of working	N (Give kind of work done 10b. life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C	ounty & State, or forei	gn country)	12. CITIZEN COUNTRY	OF WHAT	i
SAWER	SA	W MILL		GEORGIA		U.S.A		
13. FATHER'S NAME			14. MOTHER'S MAIL	EN NAME				
Тнома	S BARNES		Mai	pv 7/2				
15. WAS DECEASED EVE	RINU.S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17.	INFORMANT	3/1	Address			
(Tes, na, or unkown)	f yes give war or dates of service)	20-16-2120 FL	Danier Danier		1	Marine		
I 18 CAUSE DE DE	ATH [Enter only one cause per		OSSIE BARNE	5 VALLEY	LEE.	MARYLA	RVAL BET	TWEEN
	H WAS CAUSED BY:	Time tor (a), (b), and (c).	1 4			ONS	ET, AND D	DEATH
	MMEDIATE CAUSE (a)	ronary occh	Hon				- More	<u> </u>
4201	DUE TO		(-	11,	
Conditions, If any		volumen dales	عم وع			~	yea	>
cause (a), stati		12/	. 0	-		2	-,,	
underlying cause I	ast. (c)	resolved orter	selevos	43		2	gra	-
PART II. OTHERS IG	NIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	ISEASE CONDITION	GIVEN IN PAR	RT 1(a) 19.	WAS AU	
5 Chan	san bustice a	famorene boll	to feet			YE		NO T
20a. ACCIDENT W		DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I or	Part II of It	em 18.)		
G OR CONTRIBUTING	Y MEDICAL EXAMINER)							
		INJURY OCCURRED 120e. PLA	CE OF INJURY (Home, fa	rm, 20f. (City or	town)	(County)	/5	State)
20c, TIME OF INJ Hour a.m., p.m.	Whil	e Not While facto	ry, street, office bldg., e	tc.)	couring	(obditty)	(0	rucey
p.m.	19 at wo	ork at work						
21. I certify t	hat (I) (this hospital) alten	ded the deceased from				195, th		
saw the decea	ased alive on	1960, and that	death occurred at	M, from the				above
22a. SIGNATURE			ATTENDING /	VED. — STA		2b. DATE SIG	GNED	
		Menn M.D		MED. STA	rs. 🗆 🖊	2-3-	65	
22c. PHYSICIAN'S NAME (Type		1	22d. ADDRESS					
(1)	P. J. BEAN	M. D.		GREAT MI	LLS, M	ARYLAND)	
23a. BURIAL, CREMAT	ION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town	or county)	(St	ate)
REMOVAL (Specific BUR I AL	DEC. 5. 1965	ST. ANDREWS	CEMETERY	LEONAR	OTOWN	MARYLA	NO	
24. FUNERAL DIRECT		ADDRESS	25a. REC	D BY REGISTRAR	25b, 8561	STRAR'S SICH	ATURE	
W.CLARKE MA	ATTINGLEY LEON	ARDTOWN MARYLA	I DEC	6 1965	your	wells for	roge	
			DATE	0 1420	11	11	V	

and completely filled in by the funeral emove carbon papers. Pages 1 and 2 any went, within 72 hours after death. ID HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician a director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and its

VR A15 20M I, 1/65

ESSUS ylven T 67 KINE - t, - vao _ 11. , ___ ,) EV-___ y r THE PROPERTY OF THE PROPERTY O Controlled personal the country of the country of gent and the second of the sec 12 . 1975 ... TECH ILLE, ARYLAND SHOPE TO THE TOTAL OF THE STATE THE RESERVENT TO SEE ANY ASSESSMENT OF THE PROPERTY OF THE PRO

FOR STATE HEALTH DEPT.

TO DEPUTY MEDI. EXAMINER: This certificate should be executed within 24 hours after death. If any delay pessary please execute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

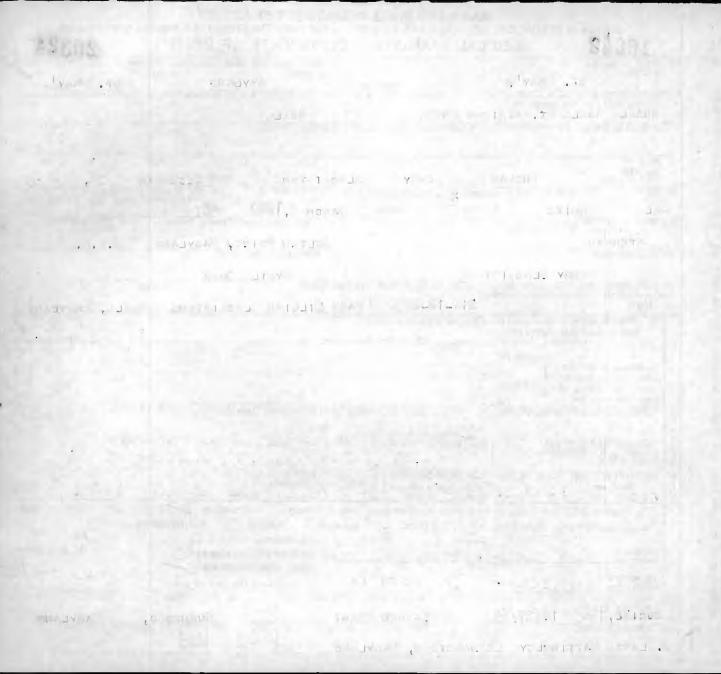
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	MARYL	AND STATE DI	EPARTMENT OF	HEALTH	
Division of STAT	ISTICAL RESEAF	CH AND RECORD	S, 301 W. PRESTON	STREET, BALTIMORE	1, MARYLAN
16942	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	911

1.	PLACE OF DEAT	ST. MARY	6	MARYL	AND	m. STATE	CE (Where	deceased lived, If Ir b. COU	NTY	MARY 1 6	ssion)
	RURAL A	N (if outside corpore end give nearest tov BELL ST.PA	TRICKS	c. LENGTH OF STAY I CREEK	IN 1b	C. CITY OR TOWN (I	f outside	* ***		and give nearest t	
	d. NAME OF HO	SPITAL OR INSTITUTI	DN (if not in ho	ospital, give street add	dress)	d. STREET ADDRESS				o, is resid on a far yes \(\square\)	
3.	NAME OF DECEASED (Type or print)	Тно	irat MAS	Middle	BL	Lest	4. DA	TE Mon	***	Day Year	55
	SEX MALE	6. COLOR OR RACE	7. MARRIED WIDOWED		□ 8	DATE OF BIRTH		9. AGE (In years lest birthday)	TIE HUNCE	YEAR IF UNDER 2 Days Hours	MIn.
dur	USUAL OCCUPATING MOST OF WORK WATERMA		done 10b. K	IND OF BUSINESS OR HOUSTRY		COLTON PO	INTM	MARYLAND	CO	TIZEN OF WHAT UNTRY?	
		HENRY BLAC					LE Co		_		
(Ye		EVER IN U.S. ARMED FO (If yes give way or dates	of service)	\$00 AL SECURITY NO. 9-12-2850		NEORMANT RY LILLIAN	BLACK	Addre	ABELL	MARYLAN	10
		EATH WAS CAUSED BY	(e)	ine for (θ), (b), end (c).		cny				INTERVAL BETWOONSET AND DE	VEEN
	Conditions, if gave rise to cause (a), s underlying cause	immediate tating the	(b)								
CERTIFICATION		,	ONS CONTRIBU	riles	2-						DPSY ED?
	200. EXTERNA PRIMARY TO OF CAUSE OF DEAT	CAUSE WAS CONTRIBUTING [] IH.		ESCRIBE HOW INJURY	20	ner boa	rall	while o	gel	ering	
MEDICAL	20c. TIME OF Hour and	INJURY Month, Day, m. 12-33 ₁₉	Year 20d. II	Not While	e. PLAC factor	e DF INJURY (Home, sy, street, office bldg., a Triples C	real	abell	S7	Mlay 1	ml L
	death result		e of the rem	alns described about, Accident	ve, held Suid		ide 🔲,	tion Inq Undetermine VER		and in'my op	
	ACTUAL SIGNATURE EXAMINER'S	Al.	nas /	D BOY	D	_M.D. ASSISTANT MI	CAL EXAM	INER	i	22. DATE SIL	165
238	BURIAL, CREP REMOXAL (Sp BERIAL, I	MATION, 23b. DATE	THEREOF	23c. NAME OF CEN		OR CREMATORY	23d.	LDCATION (City,			(e)
1	. FUNERAL DIR	ECTOR	/65	ADDRESS	HEAF	25a h	EC'D BY R	BUSHWOOD EGISTRAR 256.	HEGISTRAR'	MARYLAND S SIGNATURE En Cudal	
3 4	.CLARKE	MATTINGLEY	LEONA	ROTOWN, MAR	YLAN	D DATE	48	1303		and a	



FOR STATE HEALTH OFFT.

TO DEPUTY NATIOLAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any My is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may, be retained for your files.

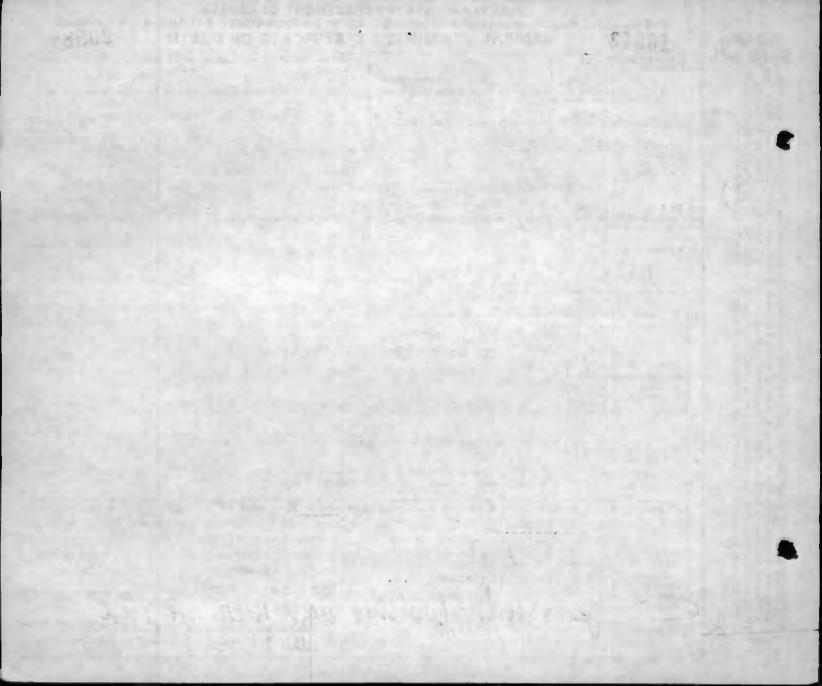
TO FUNERAL DIRECTOR! Page 3 should be used as a burial-irransit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours. VS. A15ME 5M 7/59

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MADVEAND	CTATE	DEPARTMENT	ME	MEALTH
MINNEY FRANK	SIMIE	MELWATIMENT	ME	DEFARTE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
18943 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
20588

	PIL # / W / FT IM	11 33 (2 1/20/00	770	
1. PLACE OF DEATH 0. COUNTY	2, USU	AL RESIDENCE (Where de	eceesed livad, If i	nstitution: Rasidence before edmission
St. Mary's	e. ST	ATE Maryland	b. COUN	TYSt. Mary's
				RURAL and give nearest town)
write RURAL and give nearest town)				monda and size months to the
Charlotte Hall		Charlotte	Hall	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give	va streat address) d. ST	REET ADDRESS		IS RESIDENC ON A FARM
Jack Mattingly Lumber Co.		Charlotte	Ha11, M	
3. NAME OF First	Middle	lasi 4. DATE	Month	Day Year
(Type or print) WAYMAN	CAI	N OF DEATH	12	23 ₁₉ 65
5. SEX 6. COLOR OR RACE 7. MARRIED NI	EVER MARRIED 8. DATE OF	BIRTH 9	. AGE (In years I last birthday)	
male negro widowed	DIVORCED		35? vrs.	Months Days Hours Min.
	BUSINESS OR INDUSTRY 11. BIR	THPLACE (State or foreign cou		12. CITIZEN OF WHAT COUNTR
done during most of working life, even if retired)		the action (while or total are		
				Unknown
13. FATHER'S NAME	14. MOT	HER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	SECURITY NO. 17. INFORMA	NT	Addrass	
(Yas, no, or unkown) (Ifyesgivawarardatesofservice)				
18. CAUSE OF DEATH [Enter only one cause per line for [a	a) (b) and (a) I	MATERIA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL LA CONTRA DEL CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CO	100	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	a), (b), and (c).)			ONSET AND DEATH
IMMEDIATE CAUSE (a) Bronchor	oneumonia			
5810 DUETO Fatty me	etamorphosis of	the liver		
Conditions, if any, which \ (b)	stanorphobib or			
gave rise to immediate cause				
(e), stating the underlying DUE TO				
cause lest. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE	CONDITION GIV	EN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
TY I				YES KT NO
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW	V INJURY OCCURED, (Enter neture	of injury in Part I or Pert II of	itam 18.)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION 208. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING				
	ORGUNDED I DO DIAGE OF BUIL	invites to the second		(0)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY While No at work et work		JRY (Home, ferm, 20f. (City office bldg., etc.)	r or town)	(County) (Sleta)
p.m. 19 at work e	t work			
21. I certify that I took charge of the remains de	escribed above, held an Au	topsy X, Inspection	Inquir	y , and in my opinion
	cident . Suicide .		determined m	
death resulted from: Indian of causes V. Acc			acionimico m	
Lames Allender	111.1	HIEF MEDICAL EXAMINER	_	
SIGNATURE CONTROL OF C	MU IM.D. A	SSISTANT MEDICAL EXAMIN	ER X	DATE SIGNED
	leas M.D.	EPUTY MEDICAL EXAMINER		1-5-66
EXAMINER'S Rudiger Breiteneck	Ker, M.D.	ddrass (Street, city, town, or	county)	
22 BURIAL, CREMATION, 22b. DATE THEREOF 226 N			ION (City, fown,	or country) (Stete) .
REMOVAL Specify				
Maria de C	MILL MEN.	Alamol Lo VI	Turis	1111
22 FUNEDAL DIDECTOR I	Muel Med -	chief Balt	trior	Md.
23. FUNERAL DIRECTOR V	Mud. Med.	240. REC'D BY REGISTI	COLOTTO REGI	Moder GRAR'S SIGNATURE
23. FUNERAL DIRECTOR A	Muel Med - (240. REC'D BY REGISTI JAN 14 19	EAR 246. REGI	MATINATURE JUNGE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPTdelay is em 18 Give Pages 1, 2, and 3 to PM3. Page 5 may be retained for your files.

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, crematian, or removal, and in any event within 72 hours offer-death along with farm after deoth. If the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office

This certificate should be exacuted within 24

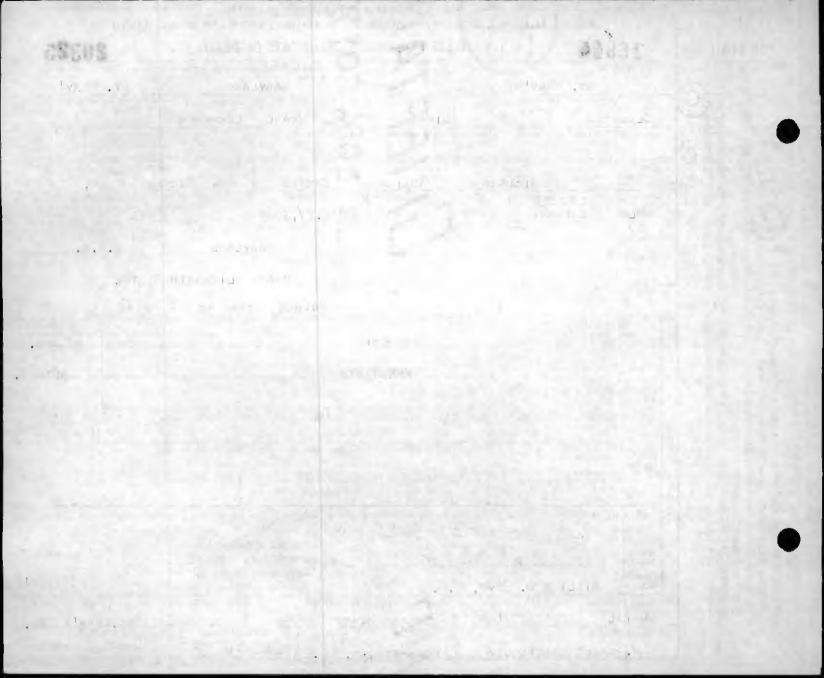
necessory, please execute the certificate, writing the ward "pending"

TO DEPUTY MEDICAL EXAMINER:

in pencil in

	1694	4	MED	ICAL EXAM	INER'S	CERTIFICATE (OF DEATH		2031	25
	ACE OF DEATH COUNTY	ST. MARY'S		MA	ARYLAND	2. USUAL RESIDENCE 0. STATE MARY	(Where deceased lived	L COMMENT	idence before o	
b.		If outside corporate limits, d give necrest town) S		C. LENGTH OF STA	y IN 1b	C CITY OR TOWN (IF C	outside corporate limit	s, write RURAL and		-
d.	NAME OF HOSPI	AL OR INSTITUTION (If not	in hospital, g	ive street oddress)		d. STREET ADDRESS			е. I уе:	IS RESIDENCE ON A FARM? S NO
DE	ME OF CEASED (pe or print)	RI CH		Middle Mauric	Ε.	Lost	4. DATE OF DEATH D	Month ECEMBER	Doy 28,	year 19 65
S. SE)	MALE	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARR		B. DATE OF BIRTH	9. AGE (In years IF UND sirthday) Month yrs. 2		F UNDER 24 HRS. Hours Min.
10o, U during	SUAL OCCUPATION most of working	(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Stote		12	COUNTRY?	THAT
13. F/	ATHER'S NAME	harles	Eran	k li'm		14. MOTHER'S MAIDEN				
		R IN U.S. ARMED FORCES? (If yes give wor or dotes of	service) 16. S	SOCIAL SECURITY NO.	. 17, 1	MOTHER	SAME AS #	Address		
	8. CAUSE OF D PART I. DEA	EATH (Enter only one cous TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	(o), (b), ond (c).) PNEUM	ONIA					AL BETWEEN AND DEATH HRS
ri Sl	onditions, if ony ise to immediate to immediate to immediate to independ on the under	e couse (o), rlying couse	b)	RMX	MMXNX	ζ				YSYMKZ.
ATION	PART II, OTHER S	GNIFICANT CONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT R	ELATED TO T	THE TERMINAL DISEASE CO	NDITION GIVEN IN PA	RT 1(o)	19. WA PEI YES	AS AUTOPSY REORMED?
CERT.	Oo. EXTERNAL CAPRIMARY I or CO AUSE OF DEATH.		20b. DES	SCRIBE HOW INJURY	OCCURRED. (Enter nature of injury in	Port I or Port II of it	em 18.)		
MEDICAL	Oc. TIME OF INJI Hour o.i	JRY Month, Doy, Year n. 19	20d. IN While of work	Not While of work		E OF INJURY (Home, far ary, street, office bldg., etc		or town)	(County)	(Stote)
	21. I certifi death result	y that I taak charge ted fram: Natural	of the rem		_	de 🔲, Hamicide	Undeter	, Inquiry wined manner	and in	my apinian
S	ACTUAL IGNATURE	Mini	100	726		M.D. ASSISTANT MEI DEPUTY MEDICA	DICAL EXAMINER		22.	DATE SIGNED
	XAMINER'S NAME (Type)	WILLIAM D. E	BOYD, N	1.D.			et, city, town, or count	у)	12	2/28/16
230.	BURIAL, (REMATIC REMOVAL (Specify BURIAL	DN, 23b. DATE THEF 12/29/		23c NAME OF CE	METERY OR		23d. LOCATION BUSHW		(County)	(State)
24. F	FUNERAL DIRECTO			ADDRESS		2So. REC	D BY REGISTRAR	2Sb. REGISTRAR	'S SIGNATURE	dge
	W. ULAS	RKE MATTINGL	EY	LEONARI	NW OTO	MD. DADE	C 3 0 1965	1 Jenas	The year	7

VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) hours St. Mary s MARYLAND by th b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 write RURAL end give neerest town) .5 -Rural. Great Mills within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Station Hospital, Patuxent River permonxe 3. NAME OF Middle 4. DATE DECEASED (Type or print) Sigrid Birgitta Cobb DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. certificate Female Cauc WIDOWED [DIVORCED December physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Saint Mary's please . 5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pue Elizabeth S. Rydeberg Stanley Milton Cobb Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Greenview Knolls. (Yes, no, or unkown) | (If yes give war or dates of service) ined by the hospital or attending physician.

2. After this certificate has been signed by the detached for use as the burial-transit permit. I Great Mills, Maryland Stanley M Cobb 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] 6 PART I, DEATH WAS CAUSED BY, Cerebral Anoxia IMMEDIATE CAUSE (a) **DUE TO** Cardio-respiratory failure Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying Prematurity PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Ital: 19. WAS AUTOPSY 0 CERTIFICATION prior 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, l'Enter nature of injury in Part I of Pert II of Jiem 18.) OR CONTRIBUTING | CAUSE OF DEATH of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Month, Dey, Year 20f. (City or town) fectory, street, office bldg., etc.) Not While DIRECTOR: 3 should be de at work at work 21. I certify that (I) (this hospital) attended the deceased from 7 December 19.65 to 7 December 365, that (I) (we) last December 1965, and that death occurred at 9:52 Prom the causes and on the date stated above. saw the deceased alive on... 7... inector, page 3 sl e filed with the S 22a. SIGNATURE MED HOSPITAL death. Page 4 DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Hosp Pax 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) ARLINGTON NATIONAL **ADDRESS**

LEONARDTOWN . MARYLAND

VR A15 (4) 20M 5-63

ARLINGTON, VIRGINIA 250, REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

(County)

e. IS RESIDENCE ON A FARM?

YES NO.K

65

Year

19

ONSET AND DEATH

HRS

PERFORMED?

NO X

(State)

22b. DATE

12. CITIZEN OF WHAT COUNTRY!

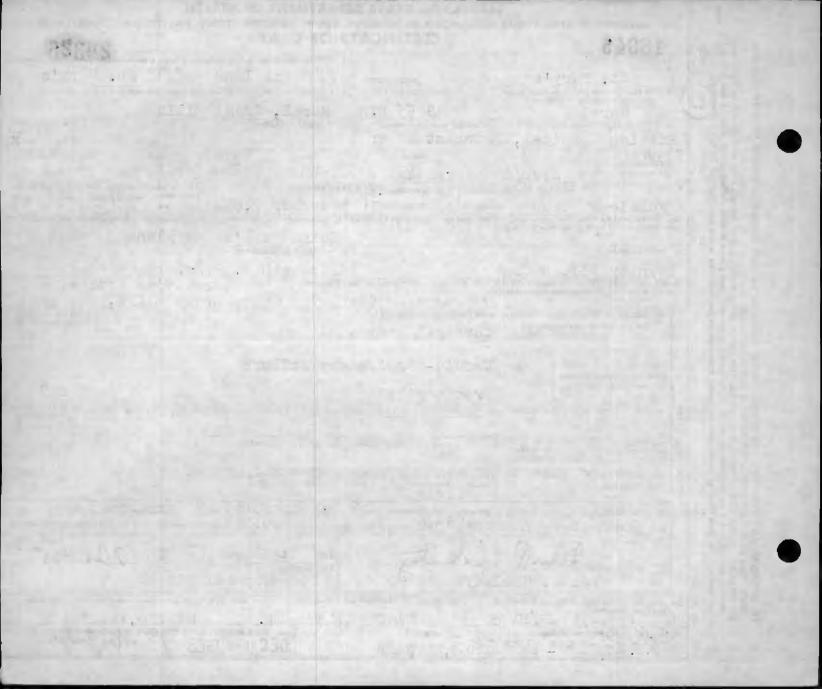
Dev

Month

last birthday)

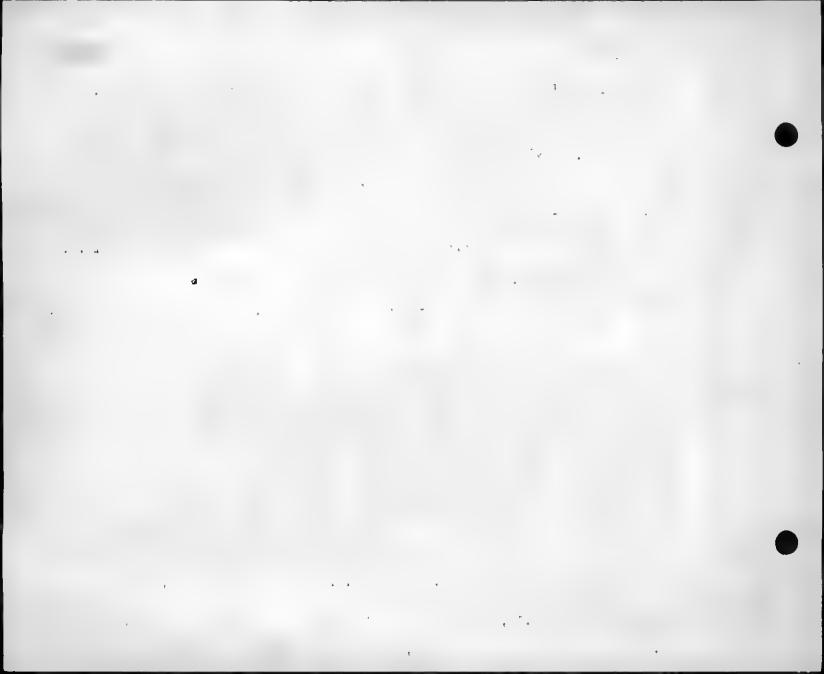
Maryland

December



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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xecuted within 24 hours ofter deoth	funeral 1 and ter death	and the same of th		PLACE OF DEATH				1 2	USUAL RESIDENCE o. STATE	(Where deceos	ed aved, if institut b. COU	rion. Residence bef	ore admission
p to	fun l c er d		\ '	ST.	MARY S		MARYLA	ND D	O. STATE	MARYLAN			VARY S
of to	Je:		1	CITY OR TOWN (I	outside corporate lim.	s,	c LENGTH OF STAY IN	lb c	CITY OR TOWN (If	autside corpara	te îrmits, write RU	RAL and give near	est town)
ULS	by 1 Po ours			LEONARDT	give nearest town)		17 DAYS		LEGNARD	TOWN			
윤	in I		-		L OR INSTITUTION (If n	at in hospital,			. STREET ADDRESS				e IS RESIDENCE ON A FARM?
24	completely filled in by the semove carbon papers. Por any event, within 72 hours	78		S	T. MARY (S	HOSPIRA	AL.		C	HURCH			YES NO
畫	y fi			NAME OF		irst	Middle	-	Lost	4. DATE	Mon	th Di	Oy Year
3	completely ove carbon y event, wi			DECEASED Type or print)	GEORGE		PATRICK S	S	Сомвя	OF DEATH	DECEMB		19 65
ute	mpi ve c		5.	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	B. (DATE OF BIRTH	9.	AGE (n years Jost birthdoy)	Months Doys	Hours Min.
Xec	mo y		- 1	ALE	WHITE	WIDOWED	DIVORCED		ARCH 17,1	304	of yes		
2	can and considered con			USUAL OCCUPATION	(G ve Kind of work done		IND OF BUSINESS OR		11. BIRTHPLACE (Cour	nty & State, or for	eign country)	12. CITIZEN COUNTRY	OF WHAT
	and east		u(,i)	FIREMAN	iic, even ii iciiico;	CIV	IL SERVICE				MARYLA		
ific	2 0		13.	FATHER S NAME				1-	4. MOTHER'S MAIDE	N NAME			
cert	ling phy Then remova				FRANK J.					SIE ABE			
ŧ	idin it.		TŞ TYe	WAS DECEASED EVER	IN U.S. ARMED FORCES? If yes give wor or dotes YWV2	of service)	SOCIAL SECURITY NO.	17. INFO	ORMANT		, Addr	858	
qe	ermit.						- manual control of the control of t	Bar	NARDINE G	. Combs	LEGIA.	OTOWN, .	
The law requires that the death certifical attending physicion.	signed by the offending p burial-transit permit. The burial, cremation, or remo			18 CAUSE OF DE	ATH (Enter only one co H WAS CAUSED BY.	use per line for	(o), (b), ond (c)	-/		m			NTERVAL BETWEEN
hot n.	ans rem			A 9 7	IMMEDIATE CAUSE	(0)	cpalic +	-0161	re +	Como			360/21
quires the physicion.	signed by the burial-transit burial, cremati			Conditions, if ony,		10	0		11-00	0 -			t. 11000 l.
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7 re	the trob			stoting the under	lying couse		•		•				
The law re attending	hos been se as the th prior to	ļ	Ш	lost.	HIEICANT CONDITIONS	(t)	TO DEATH BUT NOT RELAT	ED TO THE	TEDMINAL DISCASE	CONDITION CIVE	U IN DADT 1/a)	1	9. WAS AUTOPSY
at a	hos se c	0	8	PART II. OTHER SIG	MINICANT CONDITIONS	LONIKIBUTINO	TO DENTIL BUT HOT KEEN	LO TO THE	TERMINAL DISCASE (COMBITTION SIVE	i iii i Aki i (o)		PERFORMED? YES NO
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S PHYSICIAN: the hospitol or	certificote hed for us of Healt		CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	200 01	LOCKIDE HOW MOUNT OCC	JIKKED (LIII)	er notore or injury		11 01 110111 10.7		
HYS	this certil letoched Dept. of		3	(IF EITHER, NOTIFY I	RY Month, Day, Year	20d 1	NJURY OCCURRED 2	De PLACE (OF INJURY (Home fo	orm. 20f.	(City or town)	(County)	(Stote)
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EN Pe	uld the				ceased alive an_	spiral) arren	19 on	d that d	eath accurred	atM	, from causes		
ATT etoji	DIRECTOR: ge 3 shauld led with the			22a SIGNATURE	0 -		()		ATTENDING	MED	STAFF	22b. DATE SIG	SNED
8 5 E	e 3 ed v				tolus	1. 1	enuch	M.D.	PHYS	DIRECTOR	PHYS.	1/2-17	-65
AL S	pod e	1		22c. PHYSICIAN'S NAME (Type)		JOHN	F. FENWICK	м.п	22d. ADDRESS	FOMAD	DTOWN. N	MARYLANO	
PII 4	JER or,	-1											
O HOSPITAL OR ATTENDIN	o FUNERAL DIRI director, page 3 should be filed v	0	230	BURIAL, CREMATIO REMOVAL (Specify) BURIAL			23c NAME OF CEMETE				CATION (City or To		,, ,,,,
5	5 2	A		BURIAL FUNERAL DIRECTOR		5,1965	OUR LADY ADDRESS	's CH	IAPEL 1250 DI	ME!	DLEYS NE	CK MA	RYLAND
	VR A15 (4)	Y				LEONA	DDTOWN MAD	VI AND		C 2 2 1		tionles	udge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

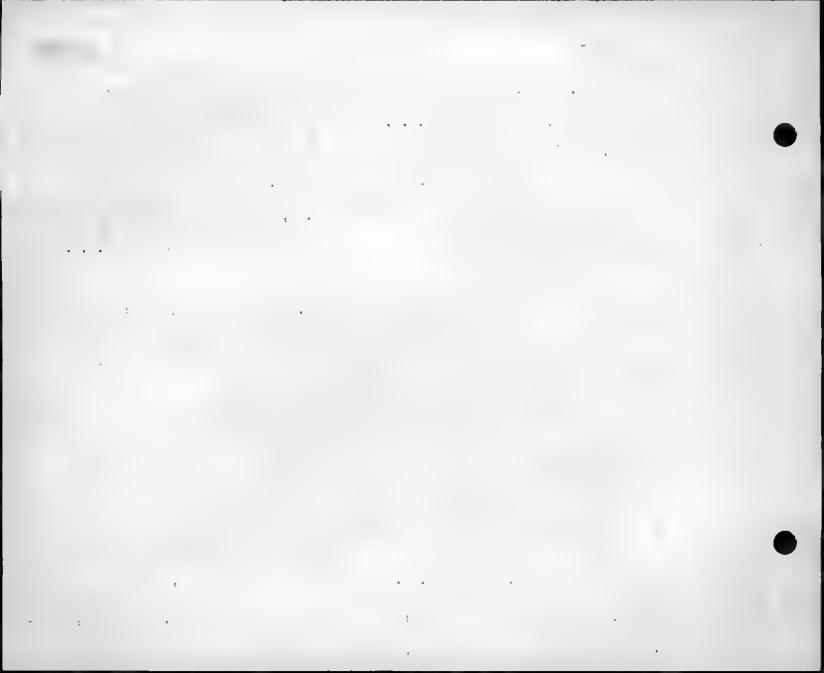
	1694	3		CERTIF	ICATE	OF DEATH				£ .	:21	rdy.
ĭ.	PLACE OF DEATH					2. USUAL RESIDENCE (W	/here decease			e befare	admissia	n)
	a. COUNTY	ST. MARY'S		MARY	(LAND	a STATE MARYL	AND	b. COUN	ST.	MAR	18	
	b. CITY OR TOWN (f outside corporate limits,		c. LENGTH OF STAY I	N 1b	c CITY OR TOWN (If au		e limits, write RUR				
	LEO NAR	give nearest tawn)		D.O.A.		Y RURAL	ABELI					
Н		AL OR INSTITUTION (If not	in haspital, an			d. STREET ADDRESS		-		. e	IS RESID	
		MARY'S HOSP				1				Y	ON A FA	
3	NAME OF	Firs		Middle		Last	4 DATE	Mont	h	Day	Yeo	ır
	(Type or print)	WILL	AM	EDWARD	D	IXON SR.	OF DEATH	D ECEMBEI	R	21.	19	65
S.	SEX		7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		AGE (In years	IF UNDER	YEAR	IF UNDER	24 HRS
	MALE	WHITE	WIDOWED [DIVORCED		Ост. 15, 1876		lest birthday) 89 yrs.	Manths	Days	Haurs	Min.
10	IO, USUAL OCCUPATION	(Give kind of work done		D OF BUSINESS OR		11. BIRTHPLACE (County				IZEN OF	TAHW	
đι	ring most of working WATERM	lite, even it retired) A.N.	INDI	USTRY				Russia		JNTRY?		
_	3. FATHER S NAME					14. MOTHER'S MAIDEN N	IAME					
		? ?				?	?					
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. SC	CIAL SECURITY NO	17 1	NFORMANT	•	Addre	SS			
0	res, no, ar unknawn) NO	(If yes give war or dates of		ONE	HERM	AN W. DIXON	. Ar	BELL, MAR	RYLAND	3		
	I IB. CAUSE OF DI	ATH (Enter anly one cous			114.11						EVAL BET	WEEN
		H WAS CAUSED BY IMMEDIATE CAUSE (Name .	Searain	s o	meration	^			ONS	AND D	EATH
	4201	DUE 1				b		•				
	Canditians, if any		KJ) (d	erio sel	ente	a heart ?) L Cea	re_		20	Yea	s.
	nse to immediat		ro								-	
	last.		(c)									
	PART II. OTHER SI			DEATH BUT NOT REL	ATED TO 1	HE TERMINAL DISEASE CON	DITION GIVEN	IN PART I(a)		19 \	NAS AUTO)PSY
FICATION		-									PERFORMI	NO 🗔
FICE	20g ACCIDENT WA	S UNDERLYING	20b DESC	RIBE HOW INJURY O	CCURRÊD.	Enter nature of injury in I	Part I or Part	II of item IB)				
CFRT		CAUSE OF DEATH MEDICAL EXAMINER)						,				
MEDICAL	20c TIME OF INJI	JRY Month, Day, Year	20d. INJ	URY OCCURRED		E OF INJURY (Home farm		(City or town)	(Cou	inty)	(State)
MED	Hour ar	10	While	Nat While at work	fact	ory, street, office bldg., etc.)						
		fy that (I) (this hasp	ital) attenda	ed the deceased	from	1	9, to	1	. 19	, the	ot (f) fo	we) las
		eceased alive an	onary arrona			death accurred at		fram causes	and an th	ne date	stated	above
	220. SIGNATURE		0			ATTURNO A				ATE SIGNE		
	Va	lun f.	Len	ment	M.C		MED. DIRECTOR	STAFF PHYS.	1/2	-22	·- 6	2
	22c. PHYSICIAN'S	JOHN F.	Commen	w M D	\	22d. ADDRESS						
	NAME (Type	JOHN F.	FENWIC	к М. D.		LE	ONARDI	OWN, MAR	RYLAND)		
2	BO BURIAL, CREMATIC			23c NAME OF CEM	ETERY OR	REMATORY	23d. LO	ATION (City or Tov	vn)	(County)	(5:	tate)
	BRINOVAL Specify	12/23/	/65		МЕМОЯ	IAL GARDENS		DORF,	CHARL	.ES,	M	D .
	24. FUNERAL DIRECTO			ADDRESS			BY REGISTRA	1001	GISTRAR'S S	GNATURE	40	
IV	V. CLARKE I	MATTINGLEY	LEONAR.	DTOWN. MAI	RYLAN	up ()ស៊ីមើន	7 100	17000	mes	Jus	-	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then place, equave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and it shy event, within 72 haurs after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4), 211 M 1/66



FOR STATE HEALTH DEF

3 to any del 2, and PM3. FY MILENAL KANNER. This certificale should be Executed within 24 hours after death. If a execute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, . Page 4 should be forwarded to the Chief Medical Examiner's Office along with form if for your files. €

State pages in any and mermit. removal, Lurial-transit | cremation, or ∎s∎d as a to burial, prior 3 shout agent, p CTOR: Page designated FUNERAL DIRECTOR: I Health or its design ô 1/65

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINED: OF DETERMINED. MEDICAL EXAMINER'S CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE Maryland b. COUNTY Saint Mary's Saint Mary's MARYLAND Department after death. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Patuxent River, Maryland Lexington Park, Maryland e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 62 Salamaua Court YES NO Station Hospital, USNAS PAX RIV MD DATE Year NAME OF Middle Lest 4. Month DECEASED DEATH (Type or print) John Douglas Fenton December 14 1965 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | last birthday) Months Hours August 31, 1965 WIOOWED . DIVORCED [7] Male Caucasian CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 10b. KINO OF BUSINESS OR COUNTRY? INOUSTRY USA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Don Joseph Fenton Virginia E. Jackson 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Salamaua Court (Yes, no, or unkown) | (If yes give war or dates of service) Father Lexington Park, Maryland no INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: Aspiration immediate IMMEDIATE CAUSE (8). DUE TO Conditions, If ony, which (b) gave rise to immediate DUE TO couse (a), stoting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION YES X NO T DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 1B.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. asseirated MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Cay, Year | factory, street, office bldg., etc.) Not While Let mos at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Undetermined manner Homicide Natural causes Accident 1. Suicide death resulted from: CHIEF MEDICAL EXAMINER OATE SIGNED **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATURE 12-15-65 DEPUTY MEDICAL EXAMINER AND TATION HOSPITAL, NAS Address (Street, City, Town, or county) Patuxent **EXAMINER'S** please ex director. retained 1 L. MARCUS. MC **HSNR** NAME (Type) 23d. LOCATION (City, town or county) BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Alabama asper PUNEBALDUECTO 250 REGISTRAR'S SIGNATURE REC'O BY REGISTRAR **ACORESS** 1965 urzo VR ALSME (5) Robinson - Leonardtown, Maryland



executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

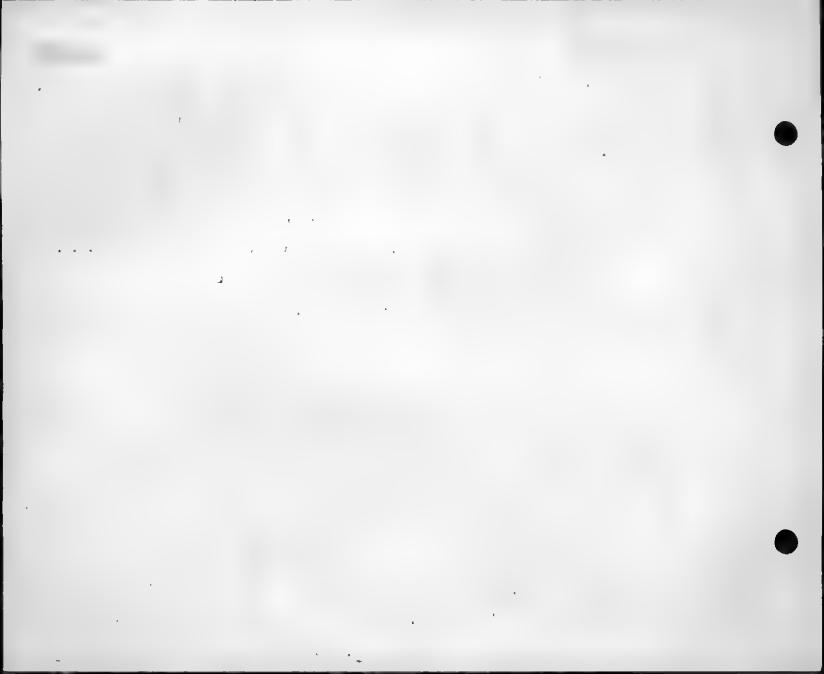
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	1054	9	CERTIFICAT	E OF DEATH		2230
1.	PLACE OF DEAT	TH		2. USUAL RESIDENCE	E (Where deceased lived, If insti	tution: Residence before admission)
	a. CDUNTY	St. Marys		a. STATE	h. count	Υ
	h CITY DO TO	W di autoido comencio de	MARYLAND	Mary		St. Marys
	_	NN (if outside corporate lin L and give nearest town)	nits, c. LENGTH OF STAY IN 15	l k		e RURAL and give nearest town)
-	d. NAME OF HO	eonardtown Ospital or institution (in	not in hospital, give street address)	d. STREET ADDRESS	tico	l e. IS RESIDENCE
		Marys Hospita		Rur	· 67	ON A FARM?
3.	NAME DF DECEASED	First	Middle	Last	4. DATE Month	Day Year
	(Type or print)	MAY	REEDER F	OWLER	DEATH Decembe	r 27 19 65
5.	SEX	6. CDLOR OR RACE 7. M	MARRIED NEVER MARRIED	8. DATE OF BIRTH	19. AGE (In years 11	FUNDER 1 YEAR HE UNDER 24 HRS.
	emale	WALL 00	IDDWED DIVORCED	11 / 30 / 1	last birthday) 74 yrs.	donths Days Hours Min.
1Da dur	. USUAL OCCUPA Ing most of wor	TION (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRT HPLACE (COL	unty & State, or fereign country)	12. CITIZEN OF WHAT COUNTRY?
		sewife	Domestic	Morganza.	Maryland	USA
13.	FATHER'S NAI	ME		14. MDTHER'S MAIDE		
		John H. Reed	er		Mary Dallam	
15. (Ye	WAS DECEASED s, no, or unkown)	EVER IN U.S. ARMED FORCES	S? 16. SDCIAL SECURITY NO. 17.	INFORMANT	Address	
	no		Za	ck M. Fowler	- same as # 2	
Ī			use per line for (a), (b), and (c).]	0	/	INTERVAL BETWEEN ONSET AND DEATH
	PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(program	z. Would	79 oligne	day
	4: 1	• • • • • • • • • • • • • • • • • • • •		1		- Jack Carlo
	Conditions, If	any, which \				
ı	gave rise to	Immediate (0)_				
ı	cause (a), sunderlying cau	an last				
<u> </u>		/	DNTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DI	ISEASE CONDITION GIVEN IN PA	ART 1(a) 119. WAS AUTDPSY
E						PERFORMED?
	20a. ACCIDENT	WAS UNDERLYING	20b. DESCRIBE HOW INJURY DCCU	IRRED. (Enter nature of	Injury in Part I or Part II of	
CEK	DR CONTRIBUT (IF EITHER, NO	ING TO CAUSE OF DEATH OTIFY MEDICAL EXAMINER)		THE CONTRACTOR OF THE CONTRACT	mywry m vare i or vare i- or	120 20.,
影	20c. TIME DF	INJURY Month, Day, Year	20d. INJURY DCCURRED 2De. PLA	CE OF INJURY (Home, far	m, 20f. (City or town)	(County) (State)
VEDI	Hour a.	m. 19	While Not While factor	ry, street, office bldg., etc	C.)	
_	21. I certi	fy that (I) (this hospital)	attended the deceased from 12	2 - 26 19	5 to 12-27	, 19 65 , that (I) (we) last
-		ceased alive on1_1	- 26 19 65 and that	death occurred al.2		nd on the date stated above.
- 1	22a. SIGNATU	JRE	9-77	ATTENDING M	IED. STAFF	22b. DATE SIGNED
-1	OO- DIRECTO	Mux) / Jegg M.D	. PHYS. C	IRECTOR PHYS.	12/27/65
ď	22c. PHYSICI NAME (T	(ype) Wm. D. Bo	yd. M.D.	22d. ADDRESS	M	
23a	BURIAL, CRÉI	MATIDN I 23h DATE THER			own, Maryland 1 23d. LOCATION (City, tow	n or county) (State)
-46	REMOVAL (Sp Burial	12/30/65	All Faith Cer			
24.	FUNERALDIR		ADDRESS ADDRESS		D BY REGISTRAR 25b. REG	ell. Maryland
	P.B. R	Cobinson - Inc	nardtown, Maryland	DATEC	29 1965 gel	carles Judge
	7 4 7 7	AATTRAIT - DEO	mer a committe mar. A THILD	DATE	20 10001 //-	4 0

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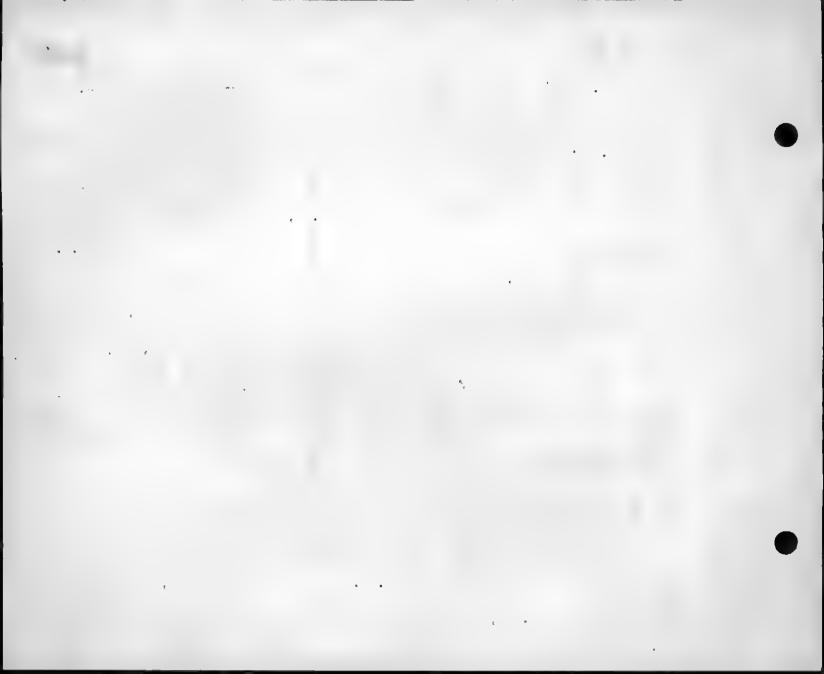


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH \sim funeral 1 and 2 er death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY ST. MARY'S b. COUNTY tely filled in by the fune thon papers. Pages 1 o , within 72 hours ofter d ST. MARY S MARYLAND MARYLAND b CITY OR TOWN (If outside corporate limits, t LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) DAYS RURAL LEONARDTOWN. MECHANICSVILLE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? bmpletely filled in we corbon paper ST. MARY'S HOSPITAL YES X NO MERNANKRRYKKERY 3 NAME OF Middle 4. DATE Month Day Last Year DECEASED HAROLD GREENWELL GRAVES DEATH DECEMBER 16. 19 65 (Type or print) IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH NEVER MARRIED last birthday) Months Days Haurs ond in ony MALE WIDOWED DIVORCED WHITE Aug. 6. 1905 10a USUAL OCCUPATION (Give kind of work done IOb. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY eas U.S.A. MERYLAND. MECHANICSVILL attending physic.d FARMER FARMING. F 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremation, or removal, ZACHARICK SAMSON GRAVES JANE ELIZABETH BISCOE IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, na, ar unknawn) (If yes give war ar dates of service) 217-36-6337 EDNA B. GRAVES MECHANICSVILLE 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN the signed by the burnal-tronsit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH wo dar conta- 26 ins nerve 6 110 IMMEDIATE CAUSE (a) Page 4 moy be retained by the haspital or attending physician. DUE TO Canditians, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause os the prior to l this certificate hos been 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION be detached for use State Dept. of Health NO YES 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II af Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, form, (City or town) (State) 20d INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Day, Year Heur a.m. factory, street, affice blda., etc.) Not While at wark at wark FUNERAL DIRECTOR: After , 1955, to Stice 16, 1965, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from should 1865, and that death accurred at 3 M M, from couses and an the date stated above. saw the deceased alive on 22a. SIGNATURE/ 22b. DATE SIGNED ATTENDING director, page 3 should be filed v M.D. DIRECTOR PHYS 22d. ADDRÉSS 22c. PHYSICIAN'S MECHANICEVILLE, MARYLAND NAME (Fype) NAME OF CEMETERY OR CREMATORY 23b. DATE/THEREOF 23d. LOCATION (City or Town) (State) 23o. BURIAL, CREMATION. (County) REMOVAL (Specify) 12/18/1 MARYLAND Mr. ZION LAURIL DRIVI. 0 **ADDRESS** 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 hanley W. CLARKE MATTINGLEY LEGNARDTOWN. MD.



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1 /	,			Division of STATISI		RCH AND RECORDS, 3		TON STREET,		E, MARYL	AND 21201		
				1695	1		CERTIFICAT	E OF DI	EATH) , r	32
eoth	funeral 1 and er deorh	_/		LACE OF DEATH					RESIDENCE (Whe	re deceosed live	d, if institute		fore odm	ission)
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de de	aff off			CITY OR TOWN (If outside corporate limits digive neorest town)	5,	c. LENGTH OF STAY IN 16	c CITY OR	TOWN (If outsid			AL and give nea	rest towr	1)
E I	9 0			LEONARD	OTOWN		10 DAYS		JRAL	Визнио	D D			
4 h	,= - ou	0	(TAL OR INSTITUTION (If no		ive street oddress)	d. STREET A	ADDRESS				ON	ESIDENCE A FARM?
In 2					MART'S Hose			<u> </u>					YES	NO [χ]
With	earbon carbon ant, witl			NAME OF DECEASED		rst	Middle	Lost		DATE OF	Month		Ooy	Year
pa	car ent,		5	Type or point)	6 COLOR OR RACE	7 MARRIED	MARSHALL NEVER MARRIED X	8. DATE OF B			(In years	ER 22 IF UNDER 1 YEA		19 65 IDER 24 HRS.
D (Ĭ .	ALE		WIDOWED	DIVORCED	Aug. 7	1887		birthdoy)	Months Doy		
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e pe	cion a ease and ir		duri	ng most of working FARMING	life, even if retired)		DUSTRY			LAND	.,	COUNTR	y? S.A.	
icat			13.	FATHER'S NAME				14. MOTHER	R'S MAIDEN NAN				U A/3 A	
ertii	ending phys nit. Then p or removal,				JOHN WASHI	истои Н	ALL		BETT	Y ELIZA	BETH	VEV1TT		
ŧ	ottending p permit. The ion, or remo				ER IN U.S. ARMED FORCES?	16. 5		INFORMANT			Addres	S		
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requires that the Inath certificate be executed within 24 haurs after death	(3)				EATH (Enter only one cou TH WAS CAUSED BY.		(a), (b), and (c).)	trul	offe	nor	21		INTERVAL ONSET AN	
s the				2	IMMEDIATE CAUSE DUE		2 march	1	. /		- 1	In.C.	1	N. 50
Uire	signed buriol-t			Conditions, if any	to couse (a)	(b)	Singl	MA	reus	un	ca 1	Decor	oca	uer)
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) D	us bee os th prior t			- Company	IGNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL	DISEASE CONDIT	ION GIVEN IN F	ART 1(o)		9/ AVAS	AUTOPSY DRMED?
: The	cote har for use Health p	0	ATION	(MC) (N OTHER S	- Committee Comm							£	YES _	RMED?
CICIAN	rtifico of for of He		CERTIFICATION	200 ACCIDENT WA	AS UNDERLYING GCAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURRED	(Enter noture	of injury in Port	t I or Port II of	item 18.)			
HYS	is ce oche ept.		MEDICAL	20c TIME OF INJ	URY Month, Day, Year			ACE OF INJURY		20f. (City	or fown)	(County)		(Stote)
ا ا	te de la		WED.	Hour o.	2.0	While of work		ctory, street, offi	fice bldg., etc.)		,	/_	_	
NO	Afte be Sto			21. I certi	ify that (1) (this ha	pital) attend	d the deceased fram_		, 19_	ta	12/	27, 19 65,	that () (2005 la
TEN	# Selection				leceased alive an_	671	19, 15, and th	at death ac	curred at_6	M, fra	m čausys o			ited abov
OR ATTENI	DIRECT Je 3 sh Jed with			22o. SIGNATURE	and of	11/1	est 15	ATTENDIN	NG ME	RECTOR -	STAFF PHYS.	22b DATES	24/	1600
TAL (e file	1		22c. PHYSICIAN : NAME (Type	J. PA	TRICK	JARBOE M. D.	22d. Al	DDRES	EAT MIL	LS. M	RYLAND	1/	
HOSPITAL	O FUNER director, should b	4	230	. BURIAL CREMATI	1/	1-/	23c. NAME OF CEMETERY O	CREMATORY	17	23d LOCATION			ntv)	(Stote)
) HC	S Figure 1		250	PENOVAL (Specif	vi. /	24,1965		CD.	METERY	Вивну			ARYL	,,
10		0	24	FUNERAL DIRECTO		- 11177	ADDRESS	-	254 PEGD B	Y REGISTRAR	25b, REG	SISTRAR'S SIGNA		1110
	VR A15 (4)	F	14	-GLARKE	MATTINGLEY	LEONA	ROTOWN. MARVI.	ND	DUL UZ	8 1965	3 400	conley (udg	٤.



FOF HEALTH DEPT.

TO DEPUTY MED EXAMINER. This certificate should be executed within 24 hours after death. If any delay cessary please execute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Name 3 should be used as a lurial-transit permit, File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

	1				MARY	LAND	STATI	E DEF
			Division of	STATISTICAL	RESEA	RCH A	ND REC	ORDS,
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	MARY	LAND	STATE	DEPAR	TMENT	OF H	EALTH		
CAL	RESEA	RCH A	ND RECO	DRDS, 301	W. PRES	TON S	TREET,	BALTIMORE 1	, MARYLAND
En	LOAL	EVAL	ARRADECE	UC OF	DTIELO	ATE	OF D	EATU	1 1 4

7		10227	<u> </u>	EDICAL	EVAIMILINER 2	GERHFIGA	IE UF	DEALIR		·-	103) e)_
	/1.	PLACE OF DEAT	H			2. USUAL RESIDE	NCE (Where			Residence	before ad	mission)
		St. M	arv te			a. STATE	Zomolá		DUNTY			
			IN (If outside corpora	te limite	MARYLAND 1 c. LENGTH OF STAY IN 1b	North (write RURAI	and olv	/A Deares	t town)
		Write RURAL	and give nearest toy	vn)	O. ELINGINI OF STATE IN 10	11	•	Corporate mines	= .	E OILE BIT	o nourco	· tolling
		Fen	nardimon	>		Wallace		10X	-5			
-		d. NAME OF HO	SPITAL OR INSTITUTION	ON (If not in h	ospital, give street address	d. STREET ADDRES	SS			6	DN A F	IDENCE
1			MARY'S HOSE			Route	2			,	YES 🗌	NO 🗌
	3.	NAME OF DECEASED	F	rst	Middle	Last	4. DA		onth	Day	Yea	ır
		(Type or print)	NORM			ENDERSON		ATH Dec	ember	26	20	65
	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In year	rs IF UNDER			
		Male	White	WIDOWED		June 18, 1	.935	30 yr		Days	Hours	Min.
	10a	USUAL OCCUPAT	TION (Give kind of work ing life, even if retire	done 10b. H	IND OF BUSINESS OR	11. BIRTHPLACE	(State or f	oreign country)	12. 0	ITIZEN OUNTRY	OF WHAT	
	uui:	Laborer	ang aro, esca ir retire		struction	North Ca	rolin	a .		SA	•	
	13.	FATHER'S NAM	ΙE		20 02 40 02 011	1 14. MOTHER'S MA						
		1T T	Ta			Lousia	Theda					
	16		lenderson	DACE2 16	SOCIAL SECURITY NO. 17.	INFORMANT	Datt	Ad	dress			
	(Ye	s, no, or unkown)	EVER IN U.S. ARMED FO (11 yes give war or dates	of service)				*				
					Lo	uisa Hender	son R	t. 2 Wa.	llace,	N.C	•	
					ine for (a), (b), and (c).]					INTE	RVAL BET ET AND D	WEEN
	П	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Del	hydration comp	licating fa	atty i	nfiltrat	ion	0113	LI RIIO D	Phare I to
	H	5810	2002	_ `	of	the liver						
		Conditions, If		(b)								
		gave rise to					•					
	П	underlying caus	rariiig tiio									
	2			ONS CONTRIB	UT ING TO DEATH BUT NOT RE	ATED TO THE TERMINA	L DISEASE C	CONDITION GIVEN	INPART 1(a)	119.	WAS AU	TDPSY
	CERTIFICATION	1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	ordisii toxiisi ootiibii i	0110 001111112	THE TOTAL POPULATION ALE	WILL I WILL I LIGHT					PERFOR	
2		AA. FIFFFAIR		(del	25405155 11000 140000 000	Ulnoro tratana Avan	at labour t	- Dord I as Dord	11 of (4am 15	l .	s 🔀	ND _
	E	20a. EXTERNA PRIMARY Or	CONTRIBUTING	20b.	DESCRIBE HOW INJURY OCC	WKKED. (Enter nature	or injury i	n Part I Ur Part	11 of Irem 19	0.)		
		CAUSE OF DEAT	TH.									
	CAL		INJURY Month, Day,		for	ACE OF INJURY (Home tory, street, office bldg.	, farm, 20	of. (City or town) (Co	unty)	(S	State)
	MEDICAL	Hour a.i		While at wor	- NOT WILLS	or I do to oct a succession of	, , , ,					
		21. I certify	y that I took charg	e of the ren	nains described above, h	eld an Autopsy 🕱	, Inspe	ction [],	nquiry 🔲	and	l in my i	opinion
		death result	ed from: Natura	l causes 🕱	. Accident . S	uicide , Homi	icide	, Undetermi	ned manner			
			7-1	1		CHIEF MEDI	CAL EXAMII	NER 🔀				
		ACTUAL SIGNATURE	(KITA	whe		M.D. ASSISTANT A	MEDICAL EX	KAMINER -		22.	. DATE S	IGNED
	Н	SIGNATURE				DEPUTY MED				12	-27-6	65
		EXAMINER'S NAME (Type)	Russel	11 S. F	isher, M.D.	Address (Str	eet, city, to	own, or county)				
	23a	BURIAL CREA	MATION 23h DATE		23c. NAME OF CEMETE			LOCATION (CIT)	, town or co	ounty)	(St	ate)
	Per	novemon (sp	eclfy) rial la- 30	-65	Henderson Fa	mily Cemete	Dii	keland C	o. N.	C.		
		. FUNERAL DIR!		7-00	ADDRESS	25a,_1	REC'D BY R	FGISTRAR 25b	_REGISTRAF	S'S BACK	ATURE	
	TE	llwich E	uneral Home	Bolte	MA		n o U		Cliente	o Ju	sgl	
	1 04		MICTOR HOUSE	י בייביע יי	rag succes	DATE	11 / 9	1900 //		- (/	07	

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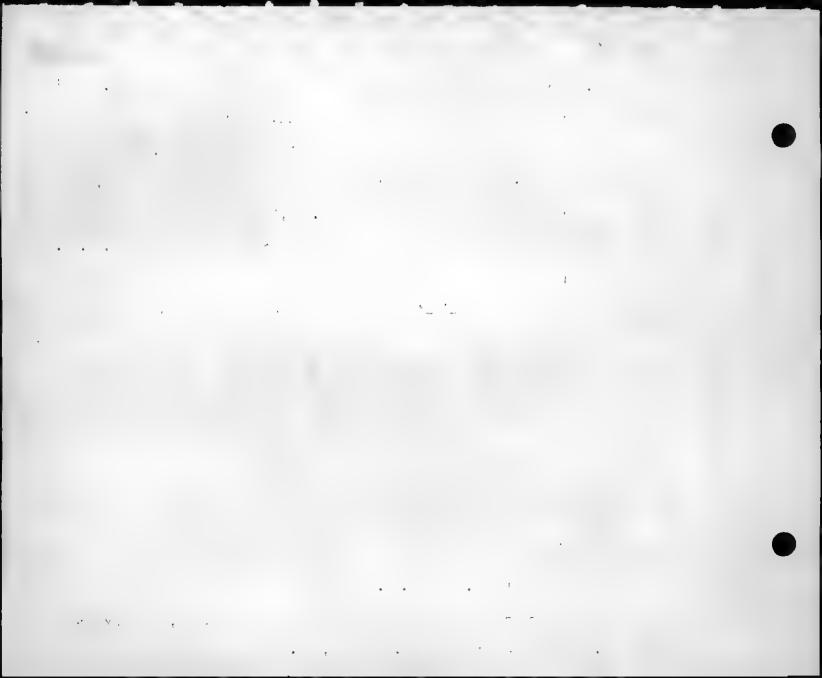
FOR STATE HEALTH DERT.

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay a cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along—with form PM3. Page 5 may be retained for your files. pages 1 and 2 with the State Department in any event within 72 hours after death. O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File of Health or its designated agent, prior to burial, cremation, or removal, and IO DEPUTY MEDI

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1.05.2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

/ 10000	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
ST. MARY'S MARYLAND	a. STATE MARYLAND b. COUNTY ST. MARY'S
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL MECHANICSVILLE	MECHANICSVILLE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS I B. IS RESIDENCE
	XXXXXXXX CAPT ST. MARY S YES NOX
3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED	OF
	8 DATE OF BIRTY 19 ACE (In years LETINDER 1 YEAR HEINNER 24 HRS
/ MARKIED A MEVER MARKIED	last birthday) Months Davs Hours Min.
MALE WHITE WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. K/ND OF BUSINESS OR	DEC. 24, 1894 70 yrs.
during most of working life, even if retired) INDUSTRY	COUNTRY?
TAILOR 13. FATHER'S NAME	GREECE U. S. A.
13. PATREK'S NAME	14. MÖTHER'S MAIDEN NAME
KONSTANTINE HENES	3 7
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) ((If yes give war or dates of service)	INFORMANT Address
	S DEJANTRA HENES SAME AS # 2 ABOVE
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH:
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	in the western immed
4201 DUE TO -	
Conditions, If eny, which	J
gave rise to immediate (cause (a), steting the DUE TO	
underlying cause last. (c)	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIED 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 200. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 208. PLA Hour 6.m. While Not While factor at work at work at work at work	PERFORMED?
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCI	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
209. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm.) 20f. (City or town) (County) (State)
Hour e.m. While Not While factor of the p.m. 19 et work at work	ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, he	
death resulted from: Natural causes . Accident . Su	icide, Homicide, Undetermined manner
ACTUAL CILLY 130	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
SIGNATURE	M,D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S WILLIAM D. BOYO M. D.	DEPUTY MEDICAL EXAMINER 12/23/65
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Address (Street, city, town, or county) Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	
BURIAL 12-27-00 CEOAR HILL (24. FUNERAL DIRECTOR ADDRESS	CEMETERY SUIT LAND MARYLAND 25a REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
ROBERT E.WILHELM 4308 SUITLAND RO.SUITLA	DEC 20 ince Office to Decide
I WASKI E'MITHER ADOO ONLITTUD KO'ONIETY	AND, MODATE 28 1909

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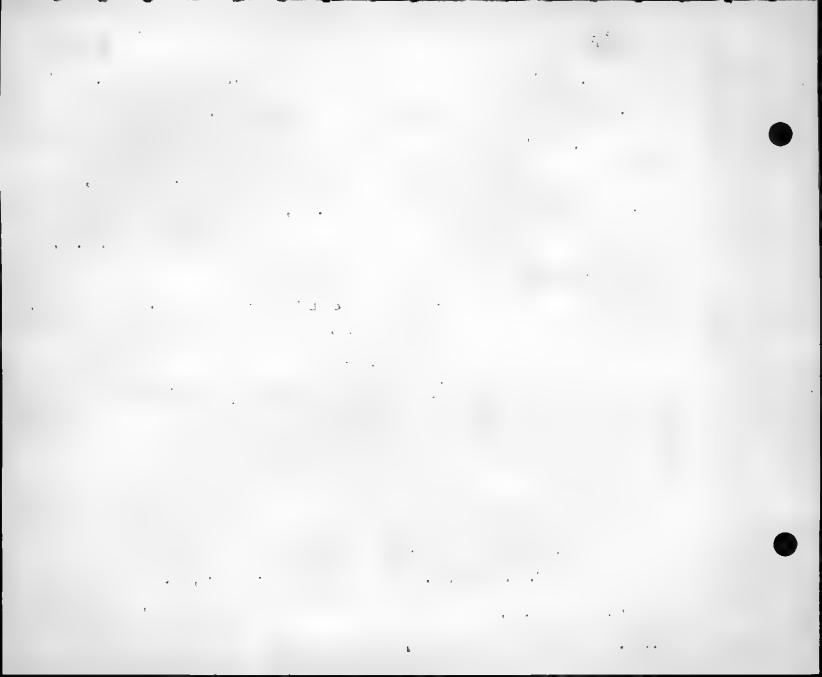


Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the affending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO MUSNITAL OR ATTENDING PAYETCEAM The law remuires that the death certificate le Page 4 may be retained by the hospital or attending physician.

	DIVISION OF STATISTICAL RESEA	LAND STATE DEI ARCH AND RECORDS CERTIFICATI	, 301 W. PRESTO	N STREET, BALTIMOR	RE 1, MARYLAND
ŀ		CENTIFICATI	E OF DEATE	1	
H	1. PLACE OF DEATH a, COUNTY				itution: Residence before admission)
	St. Mary's	MARYLAND	1	ARYLAND b. COUNT	ST. WARY'S
ı	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, writ	B RURAL and give nearest town)
	LEONARDTOWN	7 DAYS	- RURAL	ST. GEORGE	
ĺ	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho		d. STREET ADORESS		e. IS RESIDENCE ON A FARM?
1	ST. MARY'S HOSPITA		'		YES NO 🔼
l	3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
ı	(Type or print) HAROLD	LELAND	HUDSON B. DATE OF BIRTH	DECEME	
ı	7. MARKIED			last birthday) 🦷	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
ŀ	MALE WHITE WIDOWED 10a, USUAL OCCUPATION (Give kind of work done 10b. Kil		ст. 20, 189	08 67 yrs. ounty & State, or foreign country)	
١	during most of working life, even if retired) IN	DUSTRY	11. BIRT RPLACE (U	quitty & State, or foreign country)	COUNTRY?
ŀ	RAILROAD 13. FATHER'S NAME		14. MOTHER'S MAIL	VERMONT	lu.s.A.
١	4.4				
ŀ	MARSHALL HUDSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17.	EMMA P	EASE Address	
ı	(Yes, no, or unkown) (If yes give war or dates of service)	0 00 0007	,		
ŀ	18. CAUSE DF DEATH [Enter only one cause per lin	/ - / 138	CHEL SPRAGU		GEORGE ISLAND.
١	PART I. DEATH WAS CAUSED BY:	ite pulm	mary la	Rema MARYLAN	ONSET AND DEATH
ı	- // DUE TO /A	1 U			
1	Conditions, if any, which gave rise to immediate (b)	umotan	ux-		
1	cause (a), stating the DUE TO	1	un 1	a leaven	
١	underlying cause last. (c)	emmay p	represen	a pricins	KCN
Į	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN P.	PERFORMED?
5	On ACCIDING MARKET MARKET AND ACCIDENT	FOOD DE HOW WHILE YOU			YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE CONTRIBUTED TO THE CONTRIBUTION OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	finjury in Part I or Part II of	Item 18.)
		JURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	arm, 20f. (City or town)	(County) (State)
ŀ	20c. TIME OF INJURY Month, Day, Year 20d. IN. Hour a.m. P.m. 19 at work	וייין אוסו אירותופי יייין	ry, street, office bldg., e	tc.)	
	21, I certify that (I) (this hospital) attender		11	9, to	, that (I) (we) last
ı	saw the deceased alive on				nd on the date stated above.
ı	22a. SIGNATURE	/ M A		1	22b. DATE SIGNED
1	Jac Kor	/h .// M.D	ATTENDING D	MED. STAFF DIRECTOR PHYS.	
ł	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
	J. C. ROA M.			ON PARK, MARYL	
	23a. BURIAL, CREMMION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY MEETING HOUSE		23d. LOCATION (City, tow ERY HINSDALE.	
	BURIAL DEC.11, 1965	ADDRESS			NEW HAMPSHIRE
				1 3 1965	arta Judge
	W. CLARKE MATTINGLEY LEONAR	DTOWN MARYLA	DATE:	T 9 1000 &	00

VR A15 (4) 20M 1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) a. COUNTY within 24 hours a. STATE by the and 2 death. St. Marys MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) n and completely filled in by carbon papers. Pages I a int, within 72 hours after d write RURAL and give nearest fown Patuxent River Md. California vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Station Hospital U.S. Naval YES NO K 4. DATE DECEASED OF (Typa or print) DEATH December 19 65 James William KELLY 9. AGE (In years | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED TNEVER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Caucasiahwidowed physician a DIVORCED [Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during meet of working life, even if retired) U.S. Navy Retired West Virginia attending pt Then please ء. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and Laveri Blackford John Kelly loval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give werer datas of service) permil. AS 1917 to 1945 213 54 7620 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] (Wife) attending physician. INTERVAL BETWEEN has been signed by e burial-transit permi ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pneumonia days cremation_c IMMEDIATE CAUSE (a) 4-20 DUE TO Ischemic Heart Disease Conditions, if eny, which gave rise to immediate cause DUF TO (a), stating the undarlying may be refamed by any certificate he DIRECTOR. After this certificate he 3 should be delached for use as the Chronic Obstructive Emphysema PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO 20a ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Yaar 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED . 20f. (City or town) (County) (State) factory, streat, offica bldg., atc.) Hour a.m. While Not While at work at work D. m. 21. I certify that (I) (this hospital) attended the deceased from 9December, 19.65 to 26December 65, that (I) (we) last December 1965, and that death occurred 1.3 AM, from the causes and on the date stated above. saw the deceased alive on 2.5 22b. DATE 22a. SIGNATURE 26December 65 ATTENDING death. Page 4 9. L Warous HOSPITT rector, page DIRECTOR PHY5. PHYS. M.D. Hospital. 22c. PHYSICIAN'S tion NAME (Typa) S G E (Stata) 23c. NAME OF CEMETERY OR CREMATORY 73d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Cremation J.Wm, Lee Crematory Washington, D.C. DEC 20 1965 Charles Cup 24 FUNERAL DURENTAR ADDRESS VR A15 (4) Leonard town. Maryland 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH



16956should funeral 1. PLACE OF DEATH a. COUNTY Ours St. Mary's by the MARYLAND death b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) within 24 after Patuxent River Pages filled ? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) hours Station Hospital, NAS, Patuxent River completely papers. executed 3. NAME OF Middle 72 DECEASED (Type or print) Elizabeth Lizer within carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH PL Female Canc April any event, WIDOWEDX DIVORCED [Gen physician o remove 10a. USUAL OCCUPATION (Give kind of work done during most of working fife, even if retired) Housewife 13. FATHER'S NAME please death 2 attending and Benjamin Veeder 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Then The law requires that the (Yes, no, or unkown) | (Ifyes give war or dates of service) No the 501-40-5329 permit. 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c), signed by 늉 PART I. DEATH WAS CAUSED BY: Diabetic Coma IMMEDIATE CAUSE (a) cremation, **burial-transit** DUE TO attending peen : Conditions, if any, which {b} gave rise to immediate cause DUE TO (a), stating the underlying burial, has cause last. the PHYSICIAN: ö certificate CERTIFICATION # P Dehydration 1150 prior 20e, ACCIDENT WAS UNDERLYING for OR CONTRIBUTING CAUSE OF DEATH R: After this detached for of Health ATTENDING MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I be retained While Hour a.m. Not While IL DIRECTOR: / re 3 should be det. the State Dept. of et work at work b.m. saw the deceased alive on. Dec. 29. may 22a. SIGNATURE ATTENDING PHYS. খ M.D. HOSPITAL PUNERAL page with ± Page 22c. PHYSICIAN'S NAME (Type) MARCUS USN filed v 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Ç.₽₽

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Marvland St. Mary's c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Patuxent River d. STREET ADDRESS IS RESIDENCE ON A FARM? Otrs. P YES NO F MOQ 4. DATE Month Day Year OF DEATH 1965 December 29 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months 1883 10b. KIND OF BUSINESS OR INDUSTRY ; 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Stearns Co.MINN. 14. MOTHER'S MAIDEN NAME Elizabeth Colthorn Address Loren C. Whitney Same as #2 INTERVAL BETWEEN ONSET AND DEATH hours PART #. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO 🔀 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) factory, street, office bldg., etc.) to Dec. 29 19.65, that (1) (we) last ...19...6.5, and that death occurred at 10.5 M, from the causes and on the date stated above. 22b. DATE STAFF SIGNED DIRECTOR PHYS. Dec 22d. ADDRESS Same as ld 23d. LOCATION (City, lown or county) (Stete) Transi REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERA horsely Judge 1966 Robinson Leonard town MD.

VR A15 (4) 20M S-63



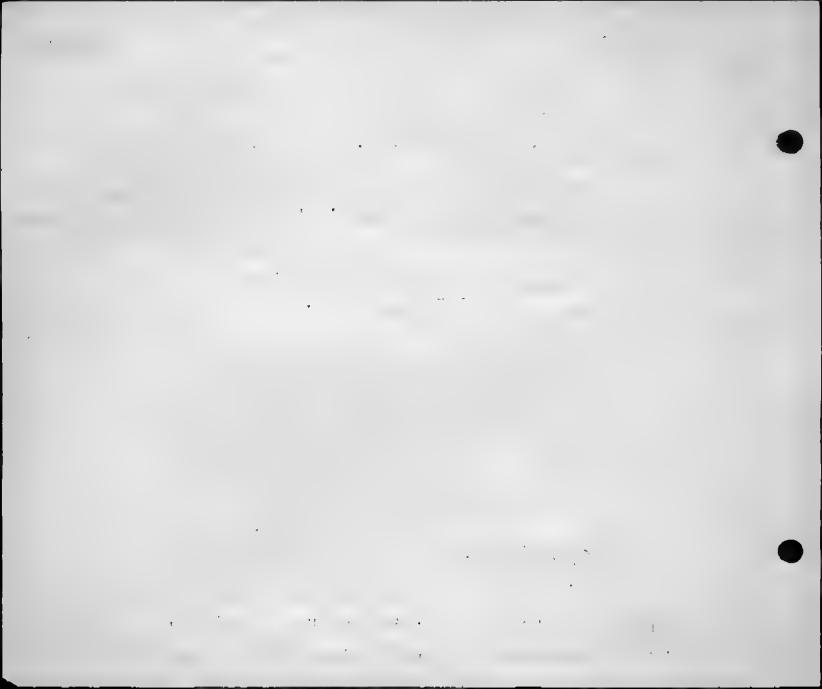
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

æ	でが			18957	CERTIFICAT	E OF DEATH		4.1.35
after death	funeral geath		1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENC	E (Where deceased lived, If instituti b. COUNTY	on: Residence hefore admission)
fter	at c	1	_	St. Marys	MARYLAND	Ma	rvland	St. Marys
	Page			Write RUKAL and give nearest to	own)	c. CITY OR TOWN (IF	outside corporate limits, write R	URAL and give nearest town)
24 hours	5		_	Rural - California d NAME OF HOSPITAL OR INSTITUT	1 15 yrs TION (If not in hospital, give street address)	d. STREET ADDRESS	lifornia	e. IS RESIDENCE
	filled papers in 72 l	ν		Rt: #2 Box 160		11 /	Box 160	ON A FARM?
thin	Arthur L	1	3.	NAME OF	First Middle	Last	4. DATE Month	Day Year
executed within	and completely filled enove carbon papers any event, within 72			(Type or print) NELSYE	JAMES	NEWTON	OF DEATH December	9 19 65
uted	con ove		5.	SEX 6. COLOR OR RAC	7. MARRIED X NEVER MARRIED	8. OATE OF BIRTH	9. AGE (In years IF UI last birthday) Mon	NDER 1 YEAR IF UNDER 24 HRS. ths Oays Hours Min.
exec			100	female white	WIDOWED OIVORCED		1900 64 yrs.	
	3.85		dur		rkdone 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co	ounty & State, or foreign country)	COUNTRY?
ate	physical ple		13.	Housewife FATHER'S NAME	Domestic	Virgin	ia EN NAME	USA
tific	tending phit. Then or removal			Unknown				
Ce Ce	tendii nit. T		15	. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Unknown Address	
death certificate be			(1)	is, no, or unkown) (If yes give war or date	· · · · · · · · · · · · · · · · · · ·	erbert A. Ne	wton - same ac	112
	d by the at transit perri cramation,				one cause per line for (a), (b), and (c).]	2	1. /	INTERVAL BETWEEN
that the	ed by Ltrans I, cram			PART I. DEATH WAS CAUSED I IMMEDIATE CAUS	BY: (a) Cancer of	Intertual	ower	ALOCT VIAN DELITI
s that	signe burial-l burial-l				JE TO			
uire	- 222			Conditions, If any, which gave rise to Immediate	(b)/			
red	has beer as the prior to			cause (a), stating the Underlying cause last.	JE TO (c)			
law atte	has e as h pri		NOI		TIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL O	ISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
The P	ificate h for use Health	A	ICAT					YES NO Z
RYSTCIAN:	this certification of the Dept. of the	U	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAM	20b. DESCRIBE HOW INJURY OCCI EATH MINER)	URRED. (Enter nature of	injury in Part I or Part II of Iter	m 18.)
G PRY	After this d be detacl		MEDICAL	20c. TIME OF INJURY Month, Day Hour a.m.	y, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, fai ory, street, office bldg., et	rm, 20f. (City or town)	(County) (State)
NE S	R. Aff		_		spital) attended the deceased from.	Sept / - 19	165, toller 9", 1	19 65, that (1) (we) last
ATTENDI	Story that			saw the deceased alive on	de 9 1965, and tha	it death occurred al	D. M, from the causes and	
89	ed v			22a. SIGNATORE Elarles &	ree unell M.	D. PHYS. 🔀 O	WED STAFE	12/10/65
PITAL	or, p	1		22c. PHYSICIAN'S NAME (Type) Charlo	s Greenwell, MD	22d. ADDRESS	dtarm Manuland	
Dage A	rect		238	BURIAL, CREMATION, 23b. DATE			dtown, Maryland 23d. LOCATION (City, town of	or county) (State)
20	10			REMOVAL (Specify) Burial 12/1	,	-		
			24	FUNERAL DIRECTOR	ADDRESS	25a, REC	D BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
VR	A15 (4)			P.B. Robinson -	Leonardtown, Md.	UEC :	15 1965 gclian	in Judge

VR ALS



MARYLAND STATE DEPARTMENT OF HEALTH



1		MARYLAND STATE D	EPARTMENT OF HEALTH OS. 301 W. PRESTON STREET, BALTIMORE 1. MARY	/LAND
FOR STATE			CERTIFICATE OF DEATH	2 (141)
HEALTH DEPT.	1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lives, If institution: Resid	ence before aumission)
× 2 = = =		St. Marys Maryland	Maryland St. I	Marys
essary, funeral may be artment r death		b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 11	1.2	d give nearest town)
the functal of the functal of 5 may be Department	\vdash	Mechanicsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	Mechanicsville	e. IS RESIDENCE
3 to 13 to 19 age Page tate Dours at		Rural	Rural	ON A FARM?
delay is ind 3 to 1. Page 9 State hours	3.	NAME DF First Middle DECEASED		Dax Year
any d 2, an PM3.		(Type or print) JAMES EDWARD	SOMERVILLE DEATH Dec. 1	12/ 19 65
ith. If all form P form P within	5.	SEX G. COLOR OR RAGE 7. MARRIED MEVER MARRIED X	8. DATE OF BIRTH 9. AGE (In years IF UNDER 14) last birthday) Months Day	
Page the page to t	10	male negro WIDOWED DIVORCED AUSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11/1/1927 38 yrs. 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT
N K SEE	du	Iring most of working life, even if retired) Labor General	Maryland	USA
s af	13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	- 422
tem item office file pa	L	Eddie Somerville	Bessie Shade	
in the configuration of the co	(Y	es, no, or unkown) (If yes give war or dates of service)	. INFORMANT Address	
within 2 miner's (miner's (-	no 218 24 7041 Mg	ary E. Bush - same as #2	NTERVAL BETWEEN
ed w xamii xamii		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)		DNSET AND DEATH
"the executed "pending" in if Medical Examile or burlal-tramit			traling of	
edic edic		Conditions, if eny, which gave rise to immediate (b)	to alcoholism	3hr
ef Width		ceuse (a), stetling the DUE TO		
ate shore word the Chiral as burial,	I S	underlying ceuse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
ficate the the the the the the the the the t	CATE	·		PERFORMED?
R. This certificate should be executed within 24 hours after death. If any delate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and forwarded to the Chief Medical Examiner's Office along with form PM3. 3 should be used as a burial-tramit merm. File pages and 2 with the SI agent, prior to be rial, committed on amoval, and in the contract of the pages.	CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OF	CURRED. (Enter nature of injury in Part I or Pert II of Item 18.)	
writ writ arde out			yserale Nomila	(0)
EXAMINER: This certificate, writering to be forward less. The second sec	MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. P Hour e.m. 12-12 1965 et work et work	ctory, street, office bldg., etc.)	Mary Mal
N 19 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	ME	21. I certify that I took charge of the remains described above,	orons can orons	and In my pointon
the certification of the certi			Spicide . Homicide . Undetermined manner	
## 4 1 2 9 9 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7	CHIEF MEDICAL EXAMINER	_
ry MEDICA execute t Page 4 I for your IN DIEC		SIGNATURE JACOBA	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
Target C		EXAMINER'S NAME (Type) Wm. D. Boyd , MD	DEPUTY MEDICAL EXAMINER [] Le (Styles and Street and U. Rown, or locumes)	2-15-65
DEPUTY MEDI please execute director. Page expanded for your I Filmer De	23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE		y) (State)
Dage I	L	REMOVAL (Specify) /12/16/65 Ebenezer	Cemetery Charlotte Hall, M	aryland
VR ALSME (5)	2	4. FOREBALL ADDRESS ADDRESS	DEC 17 1955	Just 18
5M 1/65)	P.B. Robinson - Leonardtown, Marylan	d lotte - locol /	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. 10 FUNEAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funament of the following states as the letter of the following the following states as the benefit and the following states as the benefit of the following states and the following states of the following the following states and the following states are states as the following states and the following states are states as the following states and the following states are states as th

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	L RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOS	RE 1, MARYLAND
	CENTIFICATE OF DEATH	* 15 C A 4

	18950	CERTIFICATE	T UF DEATH	for 12 1 3 1
1.	PEACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, If in	nstitution: Residence before admission)
	a. COUNTY ST. MARY 1 S		a. STATE MARYLAND b. COL	
-	b. CITY OR TOWN (it outside corporate limits,	MARYLANO MARYLANO		
	write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, w	MILLO KOKAL AND BIAG BESEST FOMU)
	SCOTLAND	415-e	1 SCOTLAND	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	spital, give-street address)	d. STREET ADDRESS	8. IS RESIDENCE
			4	ON A FARM?
3=	NAME DF First	Middle	Last 4. QATE Mon	
40.0	DECEASED	MINGELA	OF	
5	(Type or print) HENRIETTA		TURNER DEATH 12	10 19 65
	C	NEVER MARRIEO 8	last birthday	S IF UNDER 1 YEAR IF UNDER 24 HRS. Months Oays Hours Min.
	FEMALE COLORED WIOOWEO	OIVORCEO N	MARCH 15, 1884 81 yrs.	months days months
10a.		INO OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign count	ry) 12. CITIZEN OF WHAT
JUI	Housewife	IOUSTRY	Sr Manula M	COUNTRY?
13.	FATHER'S NAME		ST. MARY S MD.	U.S.A.
	WILLIAM SHORTER	MODEL TO THE PARTY OF THE PARTY	SARAH JANE SWANN	
15. (Yes	5. WAS OECEASED EVER IN U.S. ARMED FORCES? 16. Ses, no, or unknown) (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT Addr	ess
-		14-16-3881 K	ATHIFFN WHITE SC	OTLAND
1	18. CAUSE OF DEATH [Enter only one cause per lin	1e for (a), (b), and (c). 1	11/1	INTERVAL BETWEEN
1	PART I. OEATH WAS CAUSED BY:	21 1 . 1 . 7	1 (Vellania	ONSET AND OEATH
	IMMEDIATE CAUSE (a)	un carre	7 July	N PA
	Conditions of any which I	A A		
	Conditions, If any, which gave rise to Immediate (b)	percama	1 Cercenmany	an mo
	cause (a), stating the OUE TO	7	Maria	1/2 22.45
	underlying cause last. (c)	1 rumi	11/247	1) mos
5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	ING TO OFATH BUTNOT RELAT	TEO TO HE TERMONAL DISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTOPSY
S.				PERFORMEO?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. 0	ESCRIBE HOW INHIPY OFCUE	RREO. (Entiry nature of Injury In Part I or Part II	
8	OR CONTRIBUTING CAUSE OF DEATH	THE THE THE PERSON OF THE PERS	nesero of milet's at cell I of cell II	
		HIDY CONTINUES	ic of Million II.	(Acceptance)
MEDICAL	Haus a -	factor	CE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
HE I	nour a.m. While p.m. 19 at work	L MOT MULE L	1	
	21. I certify that (I) (this hours) attende		11/5 1963 to /2//	2, 1965, that (I) (we) last
	saw the deceased alive on 121			s and on the date stated above.
	saw the deceased alive on 22a. SIGNATURE	# 19 5 and that		s and on the date stated above.
	by 1 H	the Nor	ATTENOING MEO. STAFF PHYS.	12/11/11
1.	22c. PHYSICIAN'S	M.O.	PHYS. OIRECTOR PHYS.	1 6 / / 63
	NAME (Type) /. IL.	1 110		["]
1	JAMES P. JAR/BOS	<i>†</i> *	GREAT MIDLS, MO.	
23a.	a. BURIAL CREMATION 23b. OATE THEREOVER REMOVAL (Specific	23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City,	town or county) (State)
	BURIAL DEC. 13. 1966 /	ST. LUKES C	EMETERY SCOTLAND.	MARYLAND
24.		AOORESS	25a REC'D BY REGISTRAR 25b	BEGISTRAR'S SIGNATURE
		F0.111.	UEU 1 6 1965 XC	liantes Judge
	W. CLARKE MATTINGLEY	EONARDTOWN MO	DATE TO 1000	00

VR A15 (4) 20M 1/65



	MARYLAND S	TATE DEPAR'	TMENT OF I	HEALTH		
TISTICAL	RESEARCH AND	RECORDS, 301	W. PRESTON	STREET,	BALTIMORE 1	, MARYLAND

	1696	1		CERTIF	ICATI	E OF DEATI	H			9113	49
1.	PLACE OF DEAT a. COUNTY	ST. MARY'S		MAR	YLAND	2. USUAL RESIDEN a. STATE MA	RYLAND	eceased lived, If in: b. COU!	YTY	esidence t	
	DRAYD		(n)	C. LENGTH OF STA		C. CITY OR TOWN (I	foutside co	rporate ilmits, wr	ite RURAL	and give	nearest town)
	d. NAME OF HO	SPITAL OR INSTITUTION	ON (if not in hos	spital, give street	address)	d. STREET ADDRESS					IS RESIDENCE ON A FARM?
3.	NAME DF DECEASED (Type or print)	SARA	rst H	Middle M.		Last WHALEN	4. DATE DF DEAT	Н ОЕСЕМВЕ	R	Day	Year 19 65
F	SEX EMALE	6. COLOR OR RACE	WIDOWED D	DIVORCE	ED 🔲	MARCH 12.19	300	AGE (in years last birthday) yrs.	Months		Hours Min.
auı	ING MOST OF WORK		done 10b. Kir d) INI	DUSTRY HOME)R	11. BIRTHPLACE (C		e, or foreign country	CO	UNTRY?	F WHAT
		FRED EXE GL				14. MOTHER'S MAII	DEN NAME	ıG			
15 (Y	NO NO.	EVER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16. S f service)	OCIAL SECURITY N		INFORMANT ELAGDE W. E		Addre: DRAYDEN		YLAN	D
	PART I. OI	DEATH [Enter only on EATH WAS CAUSED BY IMMEDIATE CAUSE	· Q.	e for (a), (b), and ((c).]	lue in				INTER	AL BETWEEN AND OEATH
	Conditions, If gave rise to cause (a), si underlying cause	Immediate tating the OUE	(b) Gen	nalize	ant	trosel	nni	<u> </u>		1/2	yens
CERTIFICATION		SIGNIFICANT CONDITION	(c) DNS <u>CONTRIBUT</u>	ING TO DEATH BUT	NOT RELA	TEO TO THE TERMINAL	OISEASE COM	NOITION GIVEN IN	PART 1(a)	19. V	VAS AUTOPSY PERFORMED?
	OR CONTRIBUTI	WAS UNDERLYING ING CAUSE OF DEA TIFY MEDICAL EXAMI	TH	SCRIBE HOW INJU	URY OCCU	RRED. (Enter nature o	of Injury In P	art For Part II o	f Item 18.))	
MEDICAL	20c. TIME OF Hour a.r p.i		Year 20d. IN While at work	Not While at work	20e. PLAC factor	E OF INJURY (Home, f y, street, office bldg., (arm, 20f.	(City or town)	(C our	nty)	(State)
		y that (I) (this hos ceased alive on RE	pital) attended			death occurred at	960 to 30 M, fr	rom the causes		ne date	
	22c. PHYSICIA NAME (T		J. BEAN	M. D.	M.D.		DIRECTOR	STAFF PHYS.	12/ Ls, M	ARYLA	ND
23	BURIAL, CREN REMOVAL (Spo BURIAL, FUNERAL DIRE	DEC.15	1965	ST. MA		OR CREMATORY EMETERY 1 25a. RE		OCATION (CITY, to			(State)
		MATTINGLEY	LEONAS		A DVI A	i pc	-		Linelo		

executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and bompletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Y and a should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dreath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. VR ALS (4) 20M 1/65

- 1 y. 14 14. 71. FALA K. 7/ J. J. C. such 1 sec and the second of the second o 005 MARKET PLANTS 1

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
15959
CERTIFICATE OF DEATH

	18962	2		CERTIFICA	TE OF DEA	TH			20343
1.	PLACE OF DEAT a. COUNTY	ST. MARY S		MARYLAN	a. STATE	DENCE (Where de	ceased lived, If ins b. COUR	NTY	esidence before admission) MARY 1 6
	LEO NARD			C. LENCTH OF STAY IN	c. CITY OR TOW	N (If outside con			and give nearest town)
		SPITAL OR INSTITUTION		ospital, give street addre	d. STREET ADDR	ES\$			e. IS RESIDENCE ON A FARM?
3.	NAME OF DECEASED	FI	irst	Middle	Last	4. DATE	Mont	h	Day Year
5,	(Type or print) SEX	6. COLOR OR RACE		LYNN ☐ NEVER MARRIED XX	YOUNG 8. DATE OF BIRTI	DEAT	D C. C L. IVIC	LIFTINDER 1	1965 1 YEAR IF UNDER 24 HRS. Days Hours Min.
108	FEMALE.	NEGRO ION (Give kind of work ing life, even if retire	WIDOWED	IND OF BUSINESS OR	JULY 16,1		yrs. , or foreign country	4 y) 12. Cl	14 TIZEN OF WHAT
	FATHER'S NAM		a) 1.	NDUSTRY	14. MOTHER'S		RYLAND		DUNTRY?
15	. WAS DECEASED		MORGAN DRCES? 16.	SOCIAL SECURITYNO.		BECCA YOU	ING Addre	SS	
-			_	ine for (a), (b), and (c).]	MOTHER	VA	LLEY LFF	, Ma	RYLAND INTERVAL BETWEEN ONSET, AND DEATH
	Conditions, If gave rise to cause (a), si underlying caus	Immediate tating the last.	(a) 70 (b) TO (c)	melipsis					<u>Adeip</u>
CERTIFICATION	- Cn	terocolit	is	UTING TO DEATH BUT NOT F					19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING ING INCOME CAUSE OF DEA	TH NER)	DESCRIBE HOW INJURY O	CCURRED. (Enter natu	re of Injury In P	art I or Part II o	1 Item 18.)	
MEDICAL	2Dc. TIME OF Hour a.r. p.s		Year 20d. While at worl	Not While -	PLACE OF INJURY (Hon ictory, street, office bld	ne, farm, 2Df. ig., etc.)	(City or town)	(Cour	nty) (State)
	saw the de-	ceased alive on	pital) attend	ed the deceased from 1965, and		at 4 A.M. fr			that (I) (we) last ne date stated above.
	22a. SICNATURE M.D. ATTENDING MED. STAFF 12/2/65 12/2/65								10-
	22c. PHYSICIA NAME (Ty		BEAN M.	D.	22d. ADDRES	-	REAT MEL	LS, M	ARYLAND
238	BURIAL, CREM REMOVAL (Spe BURIAL	ectfy)	THEREOF 2, 1965	ST. GEORG	ERY OR CREMATORY		CATION (City, to		*
	. FUNERAL DIRE			ADDRESS	YLAND DATE	REC'D BY RECT	STRAR 256 R	GISTRAKIS	SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event. Within 72 hours after earth. 24 hours after death, executed within **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

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VR #15 (4) 20M 1/65

